

CLAIMS ONLY							Application Number 4918324	Filing Date 12				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	\	\	\	\	\	\	51					
2	\	\	\	\	\	\	52					
3	\	\	\	\	\	\	53					
4	\	\	\	\	\	\	54					
5	\	\	\	\	\	\	55					
6	\	\	\	\	\	\	56					
7	\	\	\	\	\	\	57					
8	\	\	\	\	\	\	58					
9	\	\	\	\	\	\	59					
10	\	\	\	\	\	\	60	\	\	\	\	\
11	\	\	\	\	\	\	61					
12	\	\	\	\	\	\	62					
13	\	\	\	\	\	\	63					
14	\	\	\	\	\	\	64					
15	\	\	\	\	\	\	65					
16	\	\	\	\	\	\	66					
17	\	\	\	\	\	\	67					
18	\	\	\	\	\	\	68					
19	\	\	\	\	\	\	69					
20	\	\	\	\	\	\	70					
21	\	\	\	\	\	\	71					
22	\	\	\	\	\	\	72					
23	\	\	\	\	\	\	73					
24	\	\	\	\	\	\	74					
25	\	\	\	\	\	\	75					
26	\	\	\	\	\	\	76					
27	\	\	\	\	\	\	77					
28	\	\	\	\	\	\	78					
29	\	\	\	\	\	\	79					
30	\	\	\	\	\	\	80					
31							81					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3		1				Total Indep					
Total Depend	2	4					Total Depend					
Total Claims	30	7					Total Claims					